

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO. _____ FILING DATE _____

APPLICANT(S) _____

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/					
2		/				
3	/					
4		/				
6		4				
6	/					
7						
8		2				
9		0				
10		0				
11		0				
12		0				
13		0				
14		0				
15		0				
16		0				
17		0				
18		1				
19		1				
20		1				
21		3				
22		3				
23						
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42						
43						
44						
45						
46						
47						
48						
49						
50						
TOTAL IND.		3				
TOTAL DEP.		27				
FINAL		30				

TOTAL IND.
TOTAL DEP.
TOTAL CLAIMS

78 *MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS

U.S. DEPARTMENT OF COMMERCE
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